



Northwoods
Interfaith
Caregivers are
Essential

Volunteer Caregiver Application

Northwoods Interfaith Volunteer Caregivers Program

616 America Ave Suite 170 Bemidji, MN 56601

Cindi Lee Jernigan, Executive Director
(218) 333-8264 or toll free (888) 534-4432
Fax: (218) 333-8263

Missy Thomas, Volunteer Coordinator
(218) 333-8266
Email: nice@paulbunyan.net

Date: _____ **Name** _____

Address _____ Phone (home) _____ (w) _____

City _____ State _____ Zip _____ DOB: _____

Mailing Address (if different) _____ Email _____

Help us find the right Carereceiver for YOU!

Previous Volunteer Experience: _____

Hobbies, interests: _____

Personal Strengths and/or assets: _____

Occupation (Past occupation if retired) _____

Languages Spoken: _____

Circle individual groups you are comfortable working with:

- | | | |
|-----------------|----------------------------|-----------------------|
| Mentally Ill | Developmentally Disabled | Physically Challenged |
| Senior Citizens | Children (Ages 1-12 years) | All of the Above |

Volunteer Preferences (please check all that you are interested in):

Home Assistance

- ____ Friendly Visiting
____ Telephone Reassurance
____ Paperwork Help

Chore Service

- ____ Yard Maintenance
____ Mowing (Summer)
____ Raking (Fall)
____ Shoveling (Winter)

Transportation (60-mi radius from CR home)

- ____ Shopping assistance
____ Medical Appointments
____ Church Activities
____ Social Events

Respite Care

- ____ Volunteer Respite Care for Adults
(Up to 4 hours at one time)
- ____ Volunteer Respite Care for Children
(Ages 1-12 yrs, up to 4 hours at one time)

- ____ Paid Respite Care for Adults
(Must be at least a CNA)
- ____ Paid Respite Care for Children
(Must be a licensed Day Care Provider or Foster Home)

I can volunteer:

- ____ Mornings (M-F) ____ Afternoons (M-F) ____ Evenings (M-F)
____ Weekends ____ Once a week ____ As needed (On-Call List) ____ Other:

I am willing to help/visit more than one person: Y/N

I am allergic to pets: Y/N

Willing to visit a smoker: Y/N

I am willing to volunteer for: M/F

I prefer to volunteer _____ any place needed _____ through my congregation (please list below)

Optional Information (may be helpful in making a match, and will also benefit as statistical information):

Race:

_____ White _____ Hispanic _____ Native American _____ African American _____ Other

Religion and congregation: _____

Other Considerations: _____

Emergency Information:

Have valid state driver's license? Y/N Have Vehicle Insurance? Y/N Company: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? Y/N

If yes, please explain: _____

Do you have any physical conditions that may limit your activities? Y/N

If yes, please describe: _____

Emergency Contacts:

Name: _____ Phone: (____) _____

Primary Physician Name: _____ Location: _____

References (Only one family member please):

1. Name: _____ Phone: _____

Address: _____ Relationship: _____

2. Name: _____ Phone: _____

Address: _____ Relationship: _____

3. Name: _____ Phone: _____

Address: _____ Relationship: _____

Comments:

I hereby give consent for the Northwoods Interfaith Volunteer Caregivers to contact my references, and I will sign a separate form to consent to a routine criminal background check.

Signed: _____ Date: _____

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Consent for the Release of Information

The following named individual has made application with this agency for Volunteering

Last Name (please print) First Middle (full)

Maiden, Alias or Former (full)(please print) _____

Date of Birth (M/D/Y) _____ Gender (M/F) ____ Social Security # (optional) _____

Driver's License # _____ State _____ Expires _____

I authorize Northwoods Interfaith Volunteer Caregivers to receive information from and provide information to:

Agency or Specific Individual: **MCBA, Social Services, and Law Enforcement.**

Information regarding: all criminal history record

For purposes of: volunteer background check.

Counties and states that I have resided in within the last five years (listed below):

- 1.
- 2.
- 3.

I understand that no other uses or release will be made of the data except as otherwise authorized by law. I understand I am under no obligation to consent to this release and that there will be no adverse consequences to me if I choose not to sign this consent. I understand that this authorization applies to records prepared before and after the date of this authorization. I understand that I may later revoke this consent only if the new use or the dissemination, which I am authorizing here, has not taken place.

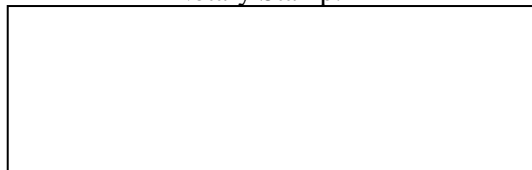
The expiration of this authorization shall be for no longer than one year from the date of my signature.

Signature of Applicant

Date of Signature

Witnessed by

Notary Stamp:



date

Please note: NICE requires this form be notarized.